



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 150309		3. This Statement covers From: 11/1/2011 to 12/31/2011	
2. Committee Name Cynthia Luczak Your County Clerk		4. Candidate Last Name Luczak First Name Cynthia M.I. A 4a. Office Sought Including District # or Community Served (If applicable) Bay County Clerk 4b. County of Residence Bay	
5. Committee's Mailing Address 808 Frost Drive Bay City, MI 48706 (989) 686-4288 Area Code and Phone _____ <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address same Area Code & Phone _____	
7. Treasurer's Business Address same Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) same Area Code and Phone _____	

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus _____

9c. ☒ Annual Statement (**2011** Coverage Year)
 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
 9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution _____

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper **Cynthia A Luczak**, **Cynthia A Luczak** Date **1/30/2012**
Type or Print Name Signature
 Candidate **Cynthia A Luczak**, **Cynthia A Luczak** Date **1/30/2012**
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 150309

2. Committee Name Dynethia Huozak Your Co Clerk

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>140.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>140.00</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>140.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>37.50</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>2943.36</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>2943.36</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>1,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>5,797.39</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>140.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>5,937.39</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>2,943.36</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>2,994.03</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150309
2. Committee Name Cynthia Luttrell Your Choice

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/18/2011</u>	
Name & Address: <u>Friends of Jim Dancia</u> <u>P.O. Box 775</u> <u>Bay City, MI 48707</u>		\$ <u>40.00</u>	
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser <u>(10/27/10)</u>			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/1/2011</u>	
Name & Address: <u>Patti Shorkey</u> <u>53 Wheeler Road</u> <u>Bay City, MI 48706</u>		\$ <u>100.00</u>	
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

140.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

140.00

Enter this total on
line 3a of Summary
Page.

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 1503092. Committee Name Cynthia Luczak for County Clerk

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, Michigan 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred: <u>6/30/2003</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	<u>3 25/11s 500.00</u> <u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u>	<u>\$ 500.00</u>	<u>\$</u> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, Michigan 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred: <u>8/1/2003</u> 6. Original Amount of Debt: <u>\$ 200.00</u>	<u>3 25/11s 200.00</u> <u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u>	<u>\$ 200.00</u>	<u>\$</u> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, Michigan 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred: <u>8/8/2003</u> 6. Original Amount of Debt: <u>\$ 200.00</u>	<u>3 25/11s 200.00</u> <u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u> <u>/ / \$</u>	<u>200.00</u>	<u>\$</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

0.00

Enter this total
on line 12a
"owed by" or
line 12b "owed
to" of the
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150309

2. Committee Name Cynthia A. Luczak for County Clerk

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred <u>8-15-2003</u> 6. Original Amount of Debt <u>\$ 300.00</u>	<u>3 25/11s 300.00</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>300.00</u>	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred <u>8-27-2003</u> 6. Original Amount of Debt <u>\$ 200.00</u>	<u>3 25/11s 200.00</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>200.00</u>	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Cynthia A. Luczak</u> <u>808 Frost Drive</u> <u>Bay City, MI 48706</u>	4. Type: <u>Loan</u> Code <u>LN</u> 5. Date Debt Was Incurred <u>7-19-2006</u> 6. Original Amount of Debt <u>\$ 1,000.00</u>	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

1,000.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150309
2. Committee Name Cynthia Ahlert's Co Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>St Patrick's Day Parade</u> Address <u>1316 Broadway</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Program/sponsor</u> <u>2011</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/19/11</u> Date	\$ <u>35.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Mayer Scholarship Fund</u> Address <u>710 Bermuda</u> <u>Pineconing, MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>scholarship</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/15/11</u> Date	\$ <u>250.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Rotary Club of Bay City</u> Address <u>P.O. Box 42</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Newton Concert Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/22/11</u> Date	\$ <u>30.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Bay City Democrat Press</u> Address <u>309 Ninth Street</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Chicken Dinner</u> <u>Ticket Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/24/11</u> Date	\$ <u>33.92</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Northwest Little League</u> Address <u>601 Marquette</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>annual payment</u> <u>for sign @ Little League/sponsorship</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/3/11</u> Date	\$ <u>100.00</u> Click Here for Memo Itemization Type

Subtotal this page 448.92
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

150309

2. Committee Name

Cynthia Luczak Your Co Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name <u>Bay City Independents</u> Address <u>C/O Ron O'Laughlin</u> <u>3339 Old Kawkawlin Rd</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Newspaper Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/14/11</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Cynthia Luczak</u> Address <u>808 Frost</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Repayment of Loan</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/25/11</u> Date	<u>\$ 1,400.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Bay Co Democratic Party</u> Address <u>P.O. Box 556</u> <u>Dunconing, MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Spring & Ling</u> <u>rent ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/1/11</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>YWCA Circle of Women</u> Address <u>Great Lakes Region</u> <u>723 Washington Ave.</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Symposium</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/1/11</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>John Glenn Drama Dept.</u> Address <u>3201 Kiesel Road</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Program Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/20/11</u> Date	<u>\$ 35.00</u> Click Here for Memo Itemization Type

Subtotal this page

1,635.00

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150309
2. Committee Name Cynthia Luczak Your Co Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>NAACP</u> Address <u>1316 Broadway</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/7/11</u> Date	<u>\$ 50.00</u>
Expenditure #2 Name <u>Bay Co Democratic Party</u> Address <u>P.O. Box 556</u> <u>Pinconning, MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/12/11</u> Date	<u>\$ 100.00</u>
Expenditure #3 Name <u>Rotary Club of Bay City</u> Address <u>Charitable Foundation</u> <u>P.O. Box 42</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>gift giving</u> <u>sponsor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/23/11</u> Date	<u>\$ 25.00</u>
Expenditure #4 Name <u>C. Gunning for State Rep.</u> Address <u>208 Murphy Street</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/1/11</u> Date	<u>\$ 50.00</u>
Expenditure #5 Name <u>St. Laurent Bros.</u> Address <u>1101 N. Water Street</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Division on Aging</u> <u>awards/prize</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/11/11</u> Date	<u>\$ 14.44</u>

Subtotal this page

239.44

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150309
2. Committee Name Cynthia Luczak Your Co Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>stabenow for Senate</u> Address <u>133 Went. Senate Office</u> <u>Washington, DC 20510</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/9/11</u> Date	<u>\$ 100.00</u>
Expenditure #2 Name <u>Bay City Firefighters</u> Address <u>1401 Center Ave.</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/12/11</u> Date	<u>\$ 25.00</u>
Expenditure #3 Name <u>Bay Co 4-H Club</u> Address <u>Livestock Auction</u> <u>515 Center Ave.</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/11/11</u> Date	<u>\$ 225.00</u>
Expenditure #4 Name <u>Firefighters</u> Address <u>Auburn, MI 48611</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation/Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/18/11</u> Date	<u>\$ 25.00</u>
Expenditure #5 Name <u>New Dimensions</u> Address <u>2 Johnson Court</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>spaghetti dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/23/11</u> Date	<u>\$ 30.00</u>

Subtotal this page 405.00
Grand Total of all Schedules 1B
(Complete on last page of Schedule) —

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

150309

2. Committee Name

Cynthia Huozak/For Co. Clerk

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>SVSU Boaster Club</u> <u>D. Ledesma, Chairperson</u> <u>812 West Dr.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/19/11</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Bay Co. Right to Life</u> <u>314 S. Jackson</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/26/11</u> Date	<u>\$ 35.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>John Miller</u> <u>309 W. Barclay</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/16/11</u> Date	<u>\$ 25.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>YWCA Great Lakes Bay</u> <u>723 Washington Ave</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>improvement</u> <u>Symposium</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/7/11</u> Date	<u>\$ 30.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>St. Patrick's Day Parade</u> <u>ancient Order of Hibernians</u> <u>1316 Broadway</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/11</u> Date	<u>\$ 25.00</u> Click Here for Memo Itemization Type

Subtotal this page

215.00

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

2,943.36

Enter this total
on line 8a of
Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

150309

2. Committee Name

Cynthia Luczak Your Co Clerk

3. Name and Address from whom received
If contribution is from an individual, enter last
name first. Check box to indicate if contribution
is from a Political Committee or an Independent
Committee (Both are commonly called PACs).
Report all in-kind contributions.

4. Type of In-Kind Contribution (Check applicable box)

5. Date of Receipt

6. Name & Address of Vendor from whom goods or services were
purchased

7. Amount or
Fair Market
Value

8. Cumulative
for Election
Cycle (Through
date in Item 5)

Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

Cynthia A Luczak
808 Frost
Bay City, MI 48706

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☒ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Donation of 1/2 Pizza Party w/ C Brunner
State Rep.

5. Date Of Receipt: 12/1/2011

6. Vendor Name & Address:

G's Pizzeria
Saginaw Street
Bay City, MI 48708

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description

5. Date Of Receipt:

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description

5. Date Of Receipt:

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Page Subtotal

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

37.50

Enter this total
on line 6 of Summary
Page